

**Testimony of**

**Brian M. Berman, M.D.**

**Professor of Family and Community Medicine  
Director, The Center for Integrative Medicine  
University of Maryland School of Medicine**

**Susan Hartnoll Berman**

**Executive Director  
The Institute for Integrative Health**

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I would like to thank Senator Mikulski and the members of the Committee on Health, Education, Labor and Pensions for this opportunity to submit testimony on the role of integrative health in health care reform. My name is Brian Berman, I am a professor of family and community medicine at the University of Maryland School of Medicine and the director and founder of the University of Maryland Center for Integrative Medicine. The Center is a National Institutes of Health Center of Excellence for Research in integrative medicine and has been evaluating the scientific foundation of complementary therapies and an integrative approach to patient care for the past 18 years. I am chair of the Cochrane Collaboration’s Complementary Medicine Field whose work involves collecting and systematically reviewing the worldwide scientific literature in complementary medicine.

I also would like to thank Senator Mikulski and the members of the Committee on Health, Education, Labor and Pensions for this opportunity to submit testimony on the role of integrative health in health care reform. My name is Susan Hartnoll Berman. I am the executive director of the Institute for Integrative Health, a non-profit organization that fosters interdisciplinary collaboration and innovative thinking that will catalyze new ideas in healthcare.

The United States spends more on health care than any other developed country and yet we rank near the bottom on most standard measures of health status. Chronic diseases, which account for 75% of health care expenditures, are precipitated by modifiable risk factors, yet a mere 3% of our health care resources are dedicated to prevention and health promotion. At the same time, services with no measurable benefit consume 30% of Medicare dollars and many high tech tests are paid for without proof of efficacy. Clearly, maintaining the status quo risks further catastrophic financial strain on our country and its citizens and will do little to improve the health of our nation.

An integrative approach to health care holds potential for reducing costs, improving treatment and prevention of disease, and refocusing on health promotion. The core principles of this approach include:

- Maximizing the ability of individuals to take responsibility for their own health
- Focusing on patient-centered, whole person care
- Strengthening the healing partnership between health care providers and patients
- Emphasizing prevention and health promotion
- Embracing the connection between mind, body and spirit
- Making use of all appropriate, evidence-based therapeutic approaches

There are a number of specific strategies inherent in an integrative approach that I believe could be transformative for bringing better health to all Americans:

### **Improve Consumer Access to Health Information**

Health information technology, including electronic health records and interactive, web technology, can play a key role in enabling consumers to manage their own health information, become educated, and communicate with practitioners beyond the clinic-based encounter. We need electronic health records that have the functionality to capture all clinical encounters, including those with complementary practitioners, in order to overcome fragmentation, facilitate coordination of care and services (including preventive service reminders) and reduce errors. Judicious and secure use of the web would allow people to interface with their medical records and health care team, link to good information, identify local resources, and connect to social networks and counseling for help with weight loss, smoking cessation and wellness promotion activities. With the explicit development of consumer-friendly summaries of research findings by organizations such as the Cochrane Collaboration, high quality information can inform personal as well as professional decision making on all health care options. Currently, there are over 600 systematic reviews on integrative medicine in the Cochrane database of systematic reviews. Efforts to conduct more reviews and consumer summaries are ongoing and need to be accelerated in order to get the information to the public.

### **Support better reimbursement for primary care and prevention, covering a broader range of health care practitioners and health care modalities**

Primary care plays a vital role in promoting healthier lifestyles and identifying conditions early enough to limit severe health consequences. Within our current system, reimbursement rates for time-intensive primary care visits are significantly lower than those for specialty care visits. This has negative ramifications for both health and costs. Primary care physicians, such as family medicine doctors, have less time to get to know their patients or spend time on education and, with poorer reimbursement and increased time spent on paperwork, there has been a marked decline in the number of doctors going into primary care. This has resulted in a shortage nationwide, with a lack of care in many communities as well as overreliance on specialists. We are also largely ignoring a valuable pool of health professionals who can provide primary care at lower costs. Removing insurance barriers to coverage of non-physician health providers would boost primary and preventive care. These providers include nurse practitioners, physician's

assistants and health coaches or navigators as well as various complementary care providers including naturopathic physicians, who tend to focus on wellness.

We need to increase the public's access to complementary medicine therapies where there is evidence to support them. There is a growing body of scientific literature on complementary therapies (the Cochrane database now has over 23,5000 complementary medicine clinical trials), and yet most people, including vulnerable populations such as the elderly, must pay out of pocket for services like acupuncture. Clinical trials and systematic reviews point to the safety and effectiveness of acupuncture for chronic pain conditions such as osteoarthritis and low back pain, and studies at our Center at the University of Maryland show cost savings and improvement in quality of life. Likewise, mind/body approaches, such as mindfulness meditation and yoga, are being shown to reduce chronic stress and related disorders, and enhance resilience. Through proactive use of these approaches we could substantially decrease the incidence of prevalent health disorders such as heart disease and diabetes which are some of the biggest burdens to our society. If Medicare increases primary care coverage and reimburses for acupuncture, mind/body therapies and other complementary medicine modalities, it will help push private insurers to do the same. For this to happen, an important step is to introduce a coding solution like the ABC codes into the HCPCS coding system. The existing coding does not adequately represent the services delivered by the vast majority of licensed health care practitioners (2.7 million nurses, 150,000 nurse practitioners and all of the complementary medicine providers) therefore accurate actuarial data cannot be generated to sort out what works from what does not. ABC codes have been successfully piloted in several of the state Medicaid programs and demonstrated real cost savings, but they have still not been adopted.

**Invest in research that has direct impact on translating knowledge into prevention, diagnosis and treatment of disease**

Recent infusion of substantial funding into the National Institutes of Health as part of the American Recovery and Reinvestment Act of 2009 is much needed and should be dispersed with a mind to how we can improve the quality of our health care system. Currently, the predominant focus of NIH is on basic science research. While there is a strong emphasis on translational research, this typically refers to the "bench to bedside" enterprise of harnessing basic science research to produce new drugs, devices and treatment options for patients. However, there is a second type of translational research that the Institute of Medicine's Clinical Research Roundtable describes as "the translation of results from clinical studies into everyday clinical practice." This enterprise is of particular interest to health services researchers and more directly addresses issues raised in the IOM's 2001 *Crossing the Quality Chasm* report by focusing on improving access to care, reorganizing and coordinating systems of care, helping clinicians and patients to change behaviors and make more informed choices, and strengthening the patient-clinician relationship. Both translational research approaches are vital, but health services research represents only 1.5% of biomedical research funding and yet for many diseases it could save more lives. If we redress this imbalance we will also focus more directly on behaviors that are conducive of health and well-being.

In addition, we need to increase funding for practice-based research networks and studies in clinical as well as community settings to test practical strategies to improve the quality of preventive and chronic illness care. We also need to fund research of multi-modality approaches to complex chronic problems, like lower back pain for example, where single therapeutic approaches have had minimal effect and a combination of modalities such as exercise, acupuncture, mind/body approaches, and anti-inflammatory medications may need to be used at the same time. Collaboration between our Center and the University of Maryland Shock Trauma Center also suggests combining modalities such as mind/body therapies and acupuncture with standard care may be useful in acute conditions, such as trauma, particularly for reducing pain and inflammation. We also need comparative effectiveness studies that involve head-to-head trials between interventions and this should include complementary therapies. For example, studies of osteoarthritis of the knee show the effect size of acupuncture to be equal to the effect size of many of the standard arthritis pharmaceuticals, but with a much improved safety profile.

### **Transform health care at the front line**

Health is influenced by factors in five areas – environment, behavior, genetics, social circumstances and health care. To have a truly effective health care system we must, therefore, involve all stakeholders in our communities at all stages of the life spectrum. There are some exemplary wellness initiatives being pursued along these lines in the state of Maryland that I would like to draw attention to in closing. One of these is at the Lockheed Martin corporation which is responsible for half a million lives and the other is the Howard County Health Department's Healthy Howard Initiative. Both have instigated a comprehensive "citizen-centered" (rather than "patient-centered"), community based integrative approach that promotes health and wellness for their constituents. Key elements of both these initiatives include encouraging healthy communities (e.g., cafeterias and restaurants with no trans fats, no smoking policies, emphasis on exercise in the workplace or schools), health plans for all their constituents (in Howard County this includes those who are uninsured) with an emphasis on wellness promotion, incentives for individuals, such as lower deductibles if they engage in healthy behaviors (e.g. attending yoga classes or weight loss programs), and incentives for health professionals to engage in early intervention, preventive activities. We now need health care policies that will in turn provide incentives to businesses, communities and counties nationwide to adopt similar programs.

Substantial improvement in the health of all Americans can be achieved if we have the courage to reset our health care compass. Our health care system needs to shift from a predominant emphasis on disease management to one of prevention and, ultimately, promotion of optimal health across the lifespan. This won't be an easy task, but answering President Obama's call for a new era of responsibility, we should seize the opportunity and pursue the potential of integrative health. Thank you.